MARYLAND STATE DEPARTMENT OF HEALTH

10439

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Race track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location) Bowie Race Track

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Martin	Crendell	Oct	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Divorced	6-14-86	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Night watchman	Racing	Texas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Crendell	Cleo. C. Yoter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes. World War I.	217-03-3580	Mrs George Williams. Divorced wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	
420.1 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Dep. Med. Exam.	Cloverly-Hyattsville Md. 10-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 6, 1950	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/50	Amanda Downey	F. Rasche Sons	Hyattsville Md.
10/6/50	Agnes M. Quigley		

60290

VS. A15A

RECEIVED
OCT 12 1950
BUREAU OF

10440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE - D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. LENGTH OF STAY (in this place) 1 day - + 16 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN - Washington,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp	STREET ADDRESS (If rural, give location) - 1286 Neal St. N.E.

3. NAME OF DECEASED (Type or Print) Roberta (First) Baby (Middle) Girl (Last) Arminio			4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby	8. DATE OF BIRTH 6 Oct 1950	9. AGE last birthday 1 day + 16 hrs.	If under 1 year Months ✓ Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John M. Arminio			14. MOTHER'S MAIDEN NAME Marie Gazzo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776x Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1950, to Oct 8, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 1 03 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anatol J. Linder, M.D.		1726 M St., N.W.	10.8.50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/9/50	Mt. Olivet	Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-8-50	Amanda Downey	Timothy J. Haslam	641 - N St. N.E.

2-3-0-06-0-242-34-1.

Neal D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU OF S

10441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington,
STREET ADDRESS (If rural, give location) 1286 Neal St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Arminio
4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby
8. DATE OF BIRTH 10-6-50 8:55 a.
9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 9 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John M. Arminio
14. MOTHER'S MAIDEN NAME Marie Gazzo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776x Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1950, to 10-6, 1950 that I last saw the deceased alive on 10-6, 1950, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE Anatol J. Linder, M.D. (Degree or title) ADDRESS 1726 M St., N.W. DATE SIGNED 10.8.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/9/50
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem
LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REG. 10-8-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Dudley Hanlon ADDRESS 641 N 42 E DC

2-3-0-06-0-24-3-34-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU T. S

10442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

(C)

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — Washington
STREET ADDRESS (If rural, give location) — 1286 Neal St.

3. NAME OF DECEASED (Type or Print) (First) Baby A. (Middle) (Last) Armino

4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby
8. DATE OF BIRTH 6 Oct 50
9. AGE last birthday 3 days yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John M Arminio
14. MOTHER'S MAIDEN NAME Marie Gazzo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Incomplete expansion of lungs

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c) Multiple births (triplets)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Oct, 1950, to 9 Oct, 1950, that I last saw the deceased alive on 8 Oct, 1950, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE Anatol J. Linder (Degree or title) ADDRESS 1726 M St., N.W. DATE SIGNED 9 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-10-50
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington

DATE REC'D BY LOCAL REG. 10-9-50
REGISTRAR'S SIGNATURE Armanda Downey
24. FUNERAL DIRECTOR Thomas B. Hanlon ADDRESS 641-H St N.E.

2-3-0-06-024-1-34-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU V. S

Evidence for change of #9 as shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10444

FILM No. G 128 OCT 24 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 7 yrs 4 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6209 Walker Mill Rd	STREET ADDRESS (If rural, give location) 6209 Walker Mill Rd

3. NAME OF DECEASED (Type or Print)	(First) Mary (Lulu)	(Middle) Louise	(Last) Baur	4. DATE OF DEATH	(Month) 10	(Day) 7	(Year) 1950
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Sept 9 1882	68 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Washington DC	12. CITIZEN OF WHAT COUNTRY? U.S. Ca
13. FATHER'S NAME John Jacob Atz		14. MOTHER'S MAIDEN NAME Annie Flaherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. 709-12-8220	17. INFORMANT Charles Baur	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X Immediate cause (a) Toxemia, exhaustion

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized carcinomatosis

(c) Carcinoma 2 right breast

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1946	19b. MAJOR FINDINGS OF OPERATION Carcinoma 2 breast	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 19 48, to Oct 7, 1950, that I last saw the deceased alive on Oct 6, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M.D.	Frederick Md	10-7-50

23. (BURIAL), CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/10/1950	Arlington National Cemetery	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-7-50	Carrie L. Campbell	H. H. Chambers Co	517-11th St. SE

RECEIVED
OCT 13 1950
BUREAU V. S

Evidence for change of age shown on:

FILM No. G 1 28 OCT 31 1950

10443

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Hill Rd & Sunset Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural give location) 4911 T Street S. E.

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) Warner (Last) Baxter
4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/24/1922
9. AGE last birthday 28 ~~29~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Genl contracting
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Baxter
14. MOTHER'S MAIDEN NAME Mary Satterfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT Winifred Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest and fracture and dislocation of the second and third cervical vertebrae

170 c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death (CITY OR TOWN) Suitland (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 14 (Year) 50 (Hour) 11:30P
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of car that turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 10/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 18, 1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va
DATE REC'D BY LOCAL REG. 10/16/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gaschs Sons Hyattsville Md ADDRESS

Mrs Alton Davis

314 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10445

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 603 68th Street

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) (Last) Beaton
4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-23-64
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert T. Cooley
14. MOTHER'S MAIDEN NAME Mary Ann Selby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Robert C. Beaton, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823.5 Immediate cause (a) Hypostatic Pneumonia

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured femur.

(c) Automobile accident.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) (COUNTY) (STATE) Prince George, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-26-50 11 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Riding in taxicab driven by her son - In avoiding another car hit a tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md 10-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/11/50
NAME OF CEMETERY OR CREMATORY Addison Chapel
LOCATION (City, town, or county) (State) Seat Pleasant Md

DATE REC'D BY LOCAL REG. 10/8/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS Robert A. Mattingly 131-11th St. S.E. Wash. D.C.

RECEIVED
OCT 10 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10446

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo Md.
STREET ADDRESS (If rural, give location) 5804 Arbor St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elsie	V	Berry	Oct	12,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	7/3/1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Fulton Reel
14. MOTHER'S MAIDEN NAME: Effie Lippard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420,1 Immediate cause	(a) Coronary Thrombosis	15 Min
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive failure, cardio	2 weeks
	(c) Vascular renal disease	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1940, to 10-12, 1950, that I last saw the deceased alive on 10-12, 1950, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Clum	M.D.	Hyattsville Md	10-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/16/50	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-14-50	Amanda Downey	F. Gasch's Sons	Hyattsville Md.

RECEIVED
OCT 16 1950
BUREAU V. S

10447

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105 Local Reg Dist 240

1. PLACE OF DEATH:
County: Prince Georges County
City or town: Bowie (If outside city or town limits, write RURAL and give nearest town) ~~R 7 Brandywine~~
How long in above place of death? 40 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Bowie (If outside city or town limits, write RURAL and give nearest town)
Street No.: Rural Brandywine (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Elsie Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
M	Colored	Widowed Married

6.(b) Name of husband or wife: Fannie
6.(c) If alive, give age: No Yrs
7. Birth date of deceased (mo., day, yr.): About 1885

8. AGE: Years: 65 | Months: 9 | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Charles County (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Winnie
15. Birthplace: Unknown

16. Informant: Haddy Brown (Daughter)
Address: Washington D. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-7-50 (month) (day) (year)
Cemetery or crematory: Asberry
Location: Rural Brandywine Md
18. Funeral director: Hewitt & Ryon
Address: Waldorf Md
19. 10-3 1950 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10 | 3 | 50 19... at 9A ...M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1950 to Oct 3 1950 and that I last saw him alive on Oct 3 1950

Immediate cause of death: Acute Congestive Failure
Due to: Carcinoma of the Pancreas
Due to: Senility
Other conditions: 153x 46 2

	DURATION
Acute Congestive Failure	
Carcinoma of the Pancreas	
Senility	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Edwin S. Lowe M.D. M. D. or other
Address: Waldorf Md Date signed 10/3/50

~~F. A. Billingslea Upper Marlboro~~ Md

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 16 1950
BUREAU V. S

10448

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH — COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halls — LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 and Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halls
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Francis (Last) Brown
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-11-96
9. AGE last birthday 54 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lloyd Brown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Maude Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull and chest

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at place of death — (CITY OR TOWN) Halls — (COUNTY) P. G. — (STATE) Md
TIME OF INJURY (Month) 10 (Day) 12 (Year) 50 (Hour) 6:30 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Driver of a car in a collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Boyd — (Degree or title) M. D. — ADDRESS Forestville Md — DATE SIGNED 10-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 16 1950 — NAME OF CEMETERY OR CREMATORY St. John's — LOCATION (City, town, or county) Clinton, — (State) Md

DATE REC'D BY LOCAL REG. Oct 15, 1950 — REGISTRAR'S SIGNATURE R. Earl Smith — 24. FUNERAL DIRECTOR J. R. Johnson — ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

10449

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3716-40th Ave -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
STREET ADDRESS (If rural give location) 3716-40th Ave

3. NAME OF DECEASED (Type or Print) (First) Orville (Middle) Monroe (Last) Burton
4. DATE OF DEATH (Month) Oct (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 1, 1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Steam fitter
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt Empl.
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Burton
14. MOTHER'S MAIDEN NAME Susan A. City
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Marjorie Layman - Step-daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

94a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John T. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly - Hyattsville, Md DATE SIGNED 10-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/28/50
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG 10/25/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm Lee Sons Co - 300 4th St Washington D.C.
ADDRESS

34897

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 30 1950
BUREAU V. S

10450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR ~~INSTITUTION~~ OR STREET ADDRESS Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 6539 46th Street

3. NAME OF DECEASED (Type or Print) (First) Norma (Middle) Jean (Last) Carrick
4. DATE OF DEATH (Month) Oct 11, (Day) 1950 (Year) 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 3/29/1945
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Naval Hospt Portsmouth Va
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Robert Elwood Carrick
14. MOTHER'S MAIDEN NAME Madeline Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Robert Elwood Carrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1st - 2nd & 3rd degree burns of

181 (c) body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Riverdale - (COUNTY) Pr. Geo - (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10- 10- 10 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Clothing caught fire while playing near bonfire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md 10-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 14/1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Oct. 13th 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Local)
24. FUNERAL DIRECTOR F Gasche Son Hyattsville Md ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 13 1950
BUREAU

10451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3804-35th st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md, COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3804-35th st.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Mario (Last) Catalano

4. DATE OF DEATH (Month) 10 (Day) 1st (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 22, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Victor Brewery
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Catalano
14. MOTHER'S MAIDEN NAME Catherine Lo Dato

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-8371
17. INFORMANT Phil Catalano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) CARCINOMA LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH 6 mos (?)

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 26, 1950
19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Lung
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1950, to Oct 1, 1950, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE David A. Claymay, MD. (Degree or title) ADDRESS 6311 Balto. Ave - Riverdale, Md DATE SIGNED 10/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/4/50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct 3 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR Nalley's Funeral Home Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier.

278X0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
OCT 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10452

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Ranier
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Office of Lender's, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1539-14th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) L. (Last) Clemons
4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Absent 1899 ~~Unknown~~
9. AGE last birthday about 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-16-5649
17. INFORMANT Robert George - Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 10-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/18/50
NAME OF CEMETERY OR CREMATORY Payne Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 10-14-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. T. Stewart 30 Pl St. N.E. Wash D.C.
ADDRESS

10-17-50 James Sevens

74041

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 18 1950
BI REAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10453

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3017 Parkway Terrace Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 3017 Parkway Terrace Drive

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Mae (Last) Coburn

4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH 3-30-1878
9. AGE last birthday 72 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME Wolfgang Doersch
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wilma Jr. Hyllestad, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac tamponade

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of left ventricle of heart

131a (c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville Md. 10-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 10/30/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 10-30-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS
Carrie L. Campbell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10454

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly; LENGTH OF STAY (in this place) 35 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) L. (Last) COFFREN

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1950

5. SEX: male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 3, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Julius Edgar Coffren

14. MOTHER'S MAIDEN NAME: Martha Anne Coffren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Edward L. Coffren Jr. 6617 Whitehaven Rd. Wash. 19, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Abscess & Empyema, left

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with bronchopleural fistula due to

465X 1110

(c) Pulmonary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/22/50

19b. MAJOR FINDINGS OF OPERATION: EMPYEMA of THORAX with BRONCHIAL FISTULA

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/50, to 10/19/50, that I last saw the deceased alive on 10/18/50, 19——, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Roy G. Klepser, M.D. 1835 Eye St NW Washington D.C 10/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-21-50

NAME OF CEMETERY OR CREMATORY Trinity Episcopal

LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. OCT 20 1950

REGISTRAR'S SIGNATURE Ernest Smith

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

30509

RECEIVED
OCT 23 1950
BUREAU T. S

10455

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1726 M St. N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): SABINA J CONNOR
4. DATE OF DEATH (Month) (Day) (Year): Oct 30 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March -- 1876
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Retired many years
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Connor
14. MOTHER'S MAIDEN NAME: Nora Noone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	36 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1950, to Oct 30, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 7 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John O. Schreibes, MD
ADDRESS: 1716 Rhode Island ave N.W.
DATE SIGNED: Oct 30-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 2, 1950
NAME OF CEMETERY OR CREMATORY: Holy Rood
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Oct 30 1950
REGISTRAR'S SIGNATURE: James Severy
24. FUNERAL DIRECTOR: James T. Ryan
ADDRESS: 317 Pa. Ave SE Washington, D.C.

26699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10456

Reg. Dist. No. 234

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH · COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale — LENGTH OF STAY (in this place): 1 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Farmington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
STREET ADDRESS (If rural give location): Farmington Road

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) LAFAYETTE (Last) Crew

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1/29/1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patternmaker

10b. KIND OF BUSINESS OR INDUSTRY: Busey & Jones.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Crew

14. MOTHER'S MAIDEN NAME: Susanna Mary Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: William H. Sonder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular renal disease — Interval Between Onset and Death:

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville Md. 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 21, 1950 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Oct. 23-50 — REGISTRAR'S SIGNATURE: Mrs Allen Davis

24. FUNERAL DIRECTOR ADDRESS: W.W. Chamber Co, Riverdale Md.

32644

VS. A15A

RECEIVED
OCT 25 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10457

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 42nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4204 Farragut St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) W. (Last) Dorrell
4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 3-20-1868
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John Speicer
14. MOTHER'S MAIDEN NAME: Mary Elden Brian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Daughter in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute heart failure — 1 Day

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 10-23, 1950, that I last saw the deceased alive on 10-23, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.H. Paner M.D. M.D. 4314 Gallatin St. Hyattsville Md. 10/23/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Oct 26. 1950 | Congressional | Washington D.C.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Oct 24, 1950 | James Berry | F. Gaecha Sons | Hyattsville Md

RECEIVED
OCT 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10458

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broad Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Neal (Last) Edington
4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out all except one): Single
8. DATE OF BIRTH: 2/22/49
9. AGE last birthday: 1 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Archie Edington
14. MOTHER'S MAIDEN NAME: Alice Bowling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. D. O'Brien

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Place of death
(CITY OR TOWN) Piscataway (COUNTY) P.G. (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 31 (Year) 50 (Hour) 12:30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell in creek

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Bond (Degree or title) Md. ADDRESS Forestville, Md. DATE SIGNED 10/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 3-50
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland (Pr. Geo) Md

DATE REC'D BY LOCAL REG. Oct 31-1950
REGISTRAR'S SIGNATURE Howard L Beall
Mrs Alton Davis
24. FUNERAL DIRECTOR ADDRESS: Simmons Bros. 2007 Nichols Ave S E Washington D.C.

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10459

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (in this place) 7 Mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9020 - 49 Ave	STREET ADDRESS (If rural give location) 813 - East - 41st St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Martha (Last) Engle			4. DATE OF DEATH (Month) October (Day) 4 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar 20 - 1873	9. AGE last birthday 77 yrs.	If under 1 year Months — Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William Keith			14. MOTHER'S MAIDEN NAME Martha Butler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT Margaret Engle (Daughter)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	6-12 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma of Liver	1 wk?
	(c) secondary to (a) above	

151X

46b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1950, to Oct, 1950, that I last saw the deceased alive on 10/4/, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. Etienne,	M. D.	College Park, Md	10/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/7/50	NAME OF CEMETERY OR CREMATORY London Park Cem	LOCATION (City, town, or county) Balto. Md (State)
DATE REC'D BY LOCAL REG. Oct 4 1950	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR John A Moran HEY	ADDRESS 3000 E. Balto. St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10460

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamel — LENGTH OF STAY (in this place) 1 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hamel
STREET ADDRESS (If rural, give location) 319 Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) Clell (Middle) Maston (Last) Farver
4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 16, 1921	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building Const.	Nebraska	U.S.A.

13. FATHER'S NAME: Elmer Alex Farver
14. MOTHER'S MAIDEN NAME: Susie Bills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	WW II		Robert Farver - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dehemia	
	(c) Broncho pneumonia	

491 X
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Dep. Med. Exam.	Cheverly	Hyattsville, Md. 10-13-50

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 17, 1950	Arlington National	Arlington Va

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/16/50	Amanda Downey M. Brashears	F. Brooks Sons	Hyattsville Md

30809

RECEIVED
OCT 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10461

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408-46th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg —
STREET ADDRESS (If rural give location) 4408-46th Street.

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) (Last) Fowler (Alias Green)
4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH about 1900 Unknown
9. AGE last birthday about 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Maggie Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Fannie Mae Green - Dang. in - law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X Immediate cause (a) Cerebral edema

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute toxemia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly - Hyattsville Md DATE SIGNED 10-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/30/50
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REG 10/30/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 1 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10462

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts. | LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5802 L ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts.
STREET ADDRESS (If rural give location) 5802 L St.

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Washington (Last) Giles
4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1950

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)
8. DATE OF BIRTH: -1875
9. AGE last birthday: 75? yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Helen Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	one wk
174X 48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the uterus with Generalized Metastasis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcers of legs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Oct 24, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Rout M.D. 330 - 61st St. N.E. 10/24/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Removal. Oct. 24-50 Washington D.C.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Oct. 24-50 Carrie F. Campbell. H.S. Washington & Sons 467 N ST. NW

VS. A15

RECEIVED
OCT 27 1950
BUREAU OF S

10463

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place) 16 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 103 Audrey Lane

3. NAME OF DECEASED (Type or Print) (First) OTHO (Middle) DYER (Last) GUTHRIE
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 17, 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY US. GOVT
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES HENRY GUTHRIE
14. MOTHER'S MAIDEN NAME Martha Ann Conduff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Lila Mae Guthrie — Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis, multiple	6 mos
369 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, cerebral vessels	Sev. yrs?
83 b	(c) Carotid sinus syndrome	" " ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1950
19b. MAJOR FINDINGS OF OPERATION Carotid sinus denervation, bilateral
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Oct 20, 1950, that I last saw the deceased alive on Aug. 8, 1950, and that death occurred at 7 22 a.m., from the causes and on the date stated above.

SIGNATURE Charles H. Adman (Degree or title) MD ADDRESS 1726 M St, NW Wash DC DATE SIGNED Oct 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 23, 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Willis Va. (State)

DATE REC'D BY LOCAL REG. Oct. 20-50
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR J. William Lee's Sons Co ADDRESS 348(97) 300 - 4th St. N.E.

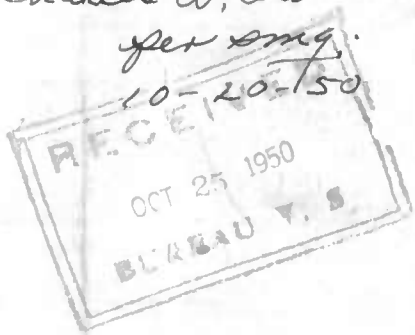
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Coroner was notified, and he will approve

Charles W. Oldman, M.D.
per cmg.
10-20-50



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10464

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 1 month 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5311 Gallatin St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Milton	EDGAR	Hall	Oct.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Separated	April 22, 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintence Man
10b. KIND OF BUSINESS OR INDUSTRY: Bd. Co. Hospital
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hall, Solmon
14. MOTHER'S MAIDEN NAME: Carey Mollie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis — metastases to liver,	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) kidneys, pancreas, bone, lymph nodes from	
162X 47C	(c) Bronchigenic Carcinoma, right upper lobe.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-1, 1950, to 10-11, 1950, that I last saw the deceased alive on 10-11, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. L. Elkins	M.D.	College Park, Md	10-12-50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 13. 1950	Evergreen	Bladinsburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 13/50	Amanda Downey	F. Gaschen & Sons	Hyattsville Md

33692

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10465

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural give location) 6715-44th Ave

3. NAME OF DECEASED (Type or Print) (First) Perry (Middle) Swinton (Last) Hall
4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH Sept 6 1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired letter carrier
10b. KIND OF BUSINESS OR INDUSTRY Post office. California
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George John Hall
14. MOTHER'S MAIDEN NAME Elizabeth Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Elmer Scott Hall - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral compression

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracranial hemorrhage

(c) Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John W Maloney M.D. Dep. Med. Exam - Cheverly - Hyattsville Md 10-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 10/29/50
NAME OF CEMETERY OR CREMATORY Troy, New York
LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. Oct. 29 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Devere (Deputy)
24. FUNERAL DIRECTOR F. Tasche Sons, Hyattsville Md
ADDRESS

22295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10466

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 4 mo., 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 419- M. St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) M. (Last) HALL

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-26-81

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Raleigh, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Robert Hall

14. MOTHER'S MAIDEN NAME: Sara J. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not given

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 11 mo.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 17, 1950, to Oct. 8, 1950, that I last saw the deceased alive on Oct. 8, 1950, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 10/8/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 10/11/50 | NAME OF CEMETERY OR CREMATORY: District of Col. Morgue | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 10/11/50 | REGISTRAR'S SIGNATURE: Hal West | 24. FUNERAL DIRECTOR: Daniel Lee Finucane M.D. | ADDRESS: Glenn Dale Md.

73081

RECEIVED
OCT 18 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

10467

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale — LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Telegraph & Greenbelt Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 18-A Cherry Grove Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	John	Haller	Oct.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 2, 1915	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sailor	U.S. Navy	Alma, Kansas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John P. Haller	Helena Mary Agnes Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes		C. O. Stallings Bro.-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 **Immediate cause** (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chest compression

1700 (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Glenn Dale	Pr. Geo.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
10	21	50	8:00 p.m.			Lost control of automobile which turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Malone, M.D.	Dep. Med. Exam.	Cheverly-Hyattsville, Md.	10-22-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct. 24, 1950		Alma, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 23, 1950	Amanda Dozore	Wastler Funeral Home	Wash., D.C.

Oct. 24, 1950 Agnes M. Yingling

60896

RECEIVED
OCT 27 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10468

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home 5801 Queens Chapel Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ D.C. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Washington
STREET ADDRESS (If rural, give location) Sacred Heart Home ~~5801 Queens Chapel Road~~ Military Rd N.W.

3. NAME OF DECEASED (Type or Print): (First) Ophelia (Middle) Roberta (Last) Hayden

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb. 12/1862

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Charles County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Carter Perry

14. MOTHER'S MAIDEN NAME: Frances Elizabeth Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary E. Hilton - 4122 Military Rd. N.W. ~~Wash. D.C.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1. Cerebral Vascular Hemorrhage — Interval Between Onset and Death: 2 weeks

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) 2 Arteriosclerotic heart Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Oct. 21, 1950, that I last saw the deceased alive on Oct 20, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE Thomas J. Collins (Degree or title) MD ADDRESS 322 H St NE DATE SIGNED 10-21-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct. 24/1950 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Oct 22, 1950 | REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 1400 Chapin St. N.W. Wash. D.C.

RECEIVED
OCT 24 1930

MARYLAND STATE DEPARTMENT OF HEALTH

10469

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 Box 330A

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Route 1 ~~Box~~ 330A

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Raymond (Last) Hayden
4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept 13, 1897	53 5 4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asst Foreman	Carpenter	Baltimore	U.S.A.

13. FATHER'S NAME: George Ford Hayden
14. MOTHER'S MAIDEN NAME: Mary Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
World War I	213-10-6067	Marjorie L. Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion. — 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cardiovascular renal disease — 131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam.	Cheverly, Hyattsville	10-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-4-50	Meadowridge Memorial	Elkridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/3/50	A. W. Hedrick	John A. Moran	3000 E. Baltimore St

AST

30817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

S 10470

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4101 Roanoke Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4101 Roanoke Road

3. NAME OF DECEASED (Type or Print): (First) ANTON (Middle) YOST (Last) HESSE

4. DATE OF DEATH: (Month) October (Day) 3rd, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 20/1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Vet.Adm.

11. BIRTHPLACE (State or foreign country): Bethlehem, Penna.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick Anton Hesse

14. MOTHER'S MAIDEN NAME: Sarah Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: 577-34-5362

17. INFORMANT AND ADDRESS: Florence V.Hesse, 4101 Roanoke Road, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

			Interval Between Onset and Death
177X	Immediate cause	(a) Metastatic Carcinoma	2 years
51b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	4 years
		(c) Purulent cystitis	3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1-1, 1950, to 10-3, 1950, that I last saw the deceased alive on 10-3, 1950, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE: R.H.Baner M.D. — (Degree or title) — ADDRESS: 4314 Gallatin St. Hyattsville, Md. — DATE SIGNED: 10-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 6, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Rd - Suitland Pa. Go Co

DATE REC'D BY LOCAL REG.: Oct 4, 1950 — REGISTRAR'S SIGNATURE: James Deren

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

VS. 115

V1697

RECEIVED
OCT 6 1950

Evidence for change of age shown on:

FILM No G 128 OCT 31 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10471

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Pr. Geo

City or town Highland Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Pr. Geo.

City or town Highland Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 1317-70 Place (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Henry Jones

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Annie Jones

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 17 - 1887

8. AGE: ~~63~~ Years 62 Months 11 Days ~~24~~ 6 If less than one day ..... hrs. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Cement finisher

11. Industry or business Cement finisher

FATHER 12. Name Thomas Jones

13. Birthplace Va

MOTHER 14. Maiden name Amanda X

15. Birthplace Va

16. Informant Daughter Annie Jones

Address 1317-70th St. Highland Park Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27 1950 (month) (day) (year)

Cemetery or crematory Arbuthers

Location Balt. Md

18. Funeral director Leon E. Murray

Address 1337-10 St. NW

19. Oct. 23 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1950, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-23 1950, to 10-23 1950 and that I last saw him alive on 10-23- 1950

Immediate cause of death Cardiac Congestion

Due to Pneumonia, Hypostasis of Prostate gland

Due to

Other conditions None

610X

137a

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo A. Wilson M.D. M. D. or other

Address 1903 7th St., NW Date signed 10-23-50

368 V9

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 27 1950
BUREAU V. S

10472

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Comody — LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 230 - 74th Place

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Comody Hills
STREET ADDRESS (If rural give location): 230 74th Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Henry Johnson
4. DATE OF DEATH (Month) (Day) (Year): 10 21 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-8-91
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Edward Johnson
14. MOTHER'S MAIDEN NAME: Margaret Virginia Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: S. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia, congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diffuse bilateral bronchopneumonia

(c)

11 91X
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James I. Boyd — (Degree or title): M. D. — ADDRESS: Forestville Md — DATE SIGNED: 10-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 23 Oct. 1950 — NAME OF CEMETERY OR CREMATORY: Graham Funeral Home — LOCATION (City, town, or county): So; Norfolk, — (State): Va.

DATE REC'D BY LOCAL REG: Oct 23/50 — REGISTRAR'S SIGNATURE: Amanda Downey, Carrie Campbell
24. FUNERAL DIRECTOR: J. Darch's Sons, Hyattsville, Md. — ADDRESS

30819

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 27 1950
BUREAU T. P.

10473

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~214~~ 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8103-14th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 8103-14th Ave.

3. NAME OF DECEASED (Type or Print) (First) Lynda (Middle) Mae (Last) Joy
4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 1, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME William Morse
14. MOTHER'S MAIDEN NAME Frances Downing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary J. Sale - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. - Cheverly - Hyattsville, Md 10-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/4/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REG. 10/2/50
REGISTRAR'S SIGNATURE ~~Frances Potter~~
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300-4th St. N.E.
Mr. James E. Severe Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 4 1950
BUREAU V. S

10474

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) William (Last) Kerr

4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar. 20-1871
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James William Kerr Sr.
14. MOTHER'S MAIDEN NAME Elizabeth Catherine Cranford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 717-07-6910
17. INFORMANT AND ADDRESS Margaret Kerr - Upper Marlboro, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	30 min
420.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVR Disease	Unk.
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 27 Oct, 1950, that I last saw the deceased alive on 26 Oct, 1950, and that death occurred at 4:50 P.M. m., from the causes and on the date stated above.

SIGNATURE Robert B Sasser (Degree or title) MD ADDRESS Upper Marlboro Md DATE SIGNED 28 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct-30 '50
NAME OF CEMETERY OR CREMATORY Trinity Episcopal
LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. Oct 29, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro Md.

30847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

10475

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
LENGTH OF STAY (In this place): 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4607 - 27th Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural give location): 4607 - 27th Street

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Lebowitz

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 10, 1907

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Lebowitz

14. MOTHER'S MAIDEN NAME: Mary Wexner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Samuel Lebowitz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute congestive heart failure

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Pres. Med. Exam.	Cheverly-Hyattsville Md	10-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct-24-50 — NAME OF CEMETERY OR CREMATORY: Adas Israel Cem — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: Oct. 23 1950 — REGISTRAR'S SIGNATURE: Mrs. Jos. Devere (Duty)

24. FUNERAL DIRECTOR — ADDRESS: B Danzansky & Son - 3501-14th St NW Wash. DC

25693

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10476

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 608 N. St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) WING (Middle) (Last) LEE

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/24/1905

9. AGE last birthday: 45 yrs. If under 1 year: Months –; Days –. If under 24 hrs.: Hours –; Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): United States

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
002 Immediate cause	(a) pulmonary tuberculosis	5 mos.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1950, to 10/24, 1950, that I last saw the deceased alive on 10/24, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M. D. Glenn Dale Sanatorium Glenn Dale, Md. 10/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 27 1950 | NAME OF CEMETERY OR CREMATORY: George Washington | LOCATION (City, town, or county) Hyattsville Md. (State)

DATE REC'D BY LOCAL REG. 10/25/50 | REGISTRAR'S SIGNATURE: Hal Weiss

24. FUNERAL DIRECTOR: J. H. Lee's Sons Co. ADDRESS: 300 - 4th St. N.W. Wash. D.C.

RECEIVED
NOV 1 1950
BUREAU V. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10477

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: PRINCE GEO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUITLAND — LENGTH OF STAY (in this place): 3 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4461-Silver Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUITLAND
STREET ADDRESS (If rural, give location): 4461-SILVER HILL RD.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): NETTIE LEE LEY

4. DATE OF DEATH (Month) (Day) (Year): Oct 26 1950

5. SEX: Fem
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEPERATED
8. DATE OF BIRTH: Sept. 12, 1884
9. AGE last birthday: 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE Retired
10b. KIND OF BUSINESS OR INDUSTRY: At Home RETIRED
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo Wm LEAPLEY
14. MOTHER'S MAIDEN NAME: MARGARET - EDAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MARGARET - LEAPLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174x Immediate cause (a) Carcinoma of Uterus with metastasis — 10 Months

Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — unknown

(c) Chronic Bronchitis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Oct 26, 1950, that I last saw the deceased alive on Oct 25, 1950, and that death occurred at 10 15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 5440 Silver Hill Rd SE Washington 19 DC — DATE SIGNED: Oct 26 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL — DATE: October 30, 1950 — NAME OF CEMETERY ~~OR CREMATORY~~: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG.: Oct. 26-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.
24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO. 517 11th St, S.E. Wash., D.C.

RECEIVED
OCT 30 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10478

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George

City or town Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5731 St Barnabas Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jennie Lowe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife George F

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1865

8. AGE: Years 85 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Genevieve Thomas

Address 5731 - St Barnabas Rd Oxon Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 1, 1950 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Washington D.C.

18. Funeral director Robert A Mattingly

Address 131-11th St S.E. Wash DC

19. Oct. 30 1950 Howard & Beall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1950 at 6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 19 , to Oct. 30 1950 and that I last saw her alive on Oct 30 1950

Immediate cause of death chronic degen myocarditis

DURATION

Due to

Due to

Other conditions 422.2 93d
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alchwartzman
M. D. or other

Address 2015 Nichols St Date signed 10/30/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV 8 1950
BUREAU V. R.

surname: funeral director's statement, not filmed. L 10-18-50

10479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 4604 - Beechwood Rd.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) B MacBRIDE (Last) McBride

4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH JAN. 28 - 1900
9. AGE last birthday 50 - yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Govt worker
10b. KIND OF BUSINESS OR INDUSTRY Govt
11. BIRTHPLACE (State or foreign country) INDIANA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME alenzo c Mc Bride (MacBride)
14. MOTHER'S MAIDEN NAME Lois M. Lawyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pansy McBride College Park Md.

18. MEDICAL CERTIFICATION MacBride

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, right middle + lower lobes + left lower lobe with pneumonia

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerotic ht. disease c̄ cardiomegaly + bilateral pleural effusion.

94a. (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Oct, 1950, to 8 Oct, 1950 that I last saw the deceased alive on 8 Oct, 1950, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE William B. Hagan (Degree or title) M.D. ADDRESS 3306 R.I. AVE. Mt Rainier Md. DATE SIGNED 8 Oct 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 10, 1950
NAME OF CEMETERY OR CREMATORY Lt Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Oct 10, 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

XVX97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10488

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3801 - Windom Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY Hampton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Amherst
STREET ADDRESS (If rural give location) 39 Pine Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) A. Anderson Mackimmie

4. DATE OF DEATH (Month) (Day) (Year) Oct 20 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 14, 1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor
10b. KIND OF BUSINESS OR INDUSTRY College
11. BIRTHPLACE (State or foreign country) New Brunswick, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Mackimmie
14. MOTHER'S MAIDEN NAME Nancy Elizabeth Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. W. Jean Mackimmie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney M.D. (Degree or title) Dep. Med Exam ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 10-20-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct 21, 1950 NAME OF CEMETERY OR CREMATORY Springfield Mass LOCATION (City, town, or county) (State) Springfield Mass

DATE REC'D BY LOCAL REG. Oct 21 1950 REGISTRAR'S SIGNATURE James Bevey
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave N.W. D.C.

V1091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 23 1950
BUREAU T. S.

10480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 A - Crescent Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 50 A - Crescent Road

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Lawrence (Last) Maher

4. DATE OF DEATH (Month) Oct. (Day) 23rd (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/4/1899
9. AGE last birthday 51 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Treasury Dept.
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence J. Maher
14. MOTHER'S MAIDEN NAME Elizabeth Brannick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mary F. Maher - 50 A Crescent Rd Greenbelt Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of head of pancreas — Interval Between Onset and Death: 8 months

157 X Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions cootributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 4, 1950
19b. MAJOR FINDINGS OF OPERATION Ca. of head of pancreas & obstruction of common duct.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr. 28, 1950, to Oct 23, 1950, that I last saw the deceased alive on Oct. 23, 1950, and that death occurred at 1 45 p.m., from the causes and on the date stated above.

SIGNATURE Hans Woodak (Degree or title) M.D. ADDRESS 30-B Bridge Rd. Greenbelt, Md DATE SIGNED 10-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 25/50
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) Long Island City (State) N.Y.

DATE REC'D BY LOCAL REG. Oct. 24-1950
REGISTRAR'S SIGNATURE John D Smith
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale Md

26697

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
OCT 26 1950
BUREAU OF

10481

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oak Crest
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1. Balt. Wash. Boul.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Union Memorial Hosp

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) Brison (Last) Martin.
4. DATE OF DEATH (Month) (Day) (Year) Oct. 20 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 10, 1905
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry J. Martin
14. MOTHER'S MAIDEN NAME Lily Halton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Norman Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

170c (c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) (COUNTY) (STATE) Oak Crest - Pr. Geo. - Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-20-50 p. 7:35 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by Greyhound bus - while crossing Boul.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly, Hyattsville, Md. 10-21-50

23. ~~BURIAL, CREMATION~~ REMOVAL ~~(Specify)~~ Removal
DATE THEREOF 10-22-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct 22 1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Wm J. Tickner & Sons
ADDRESS Balto. Md.

Sign Here also L. M. Brashear Jr. 790 92 North & Penna. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1950 10482

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
LENGTH OF STAY (In this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) McCain

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: About 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: James Pendleton

14. MOTHER'S MAIDEN NAME: Leola ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Thomas McCain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James R. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 10/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 1950
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG. 10/4/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR: F. Sasscer & Sons ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 10 1950.
BUREAU V. S

10483

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md.~~ D.C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5810 Dix St., N. E. ✓

3. NAME OF DECEASED (Type or Print) (First) CONWAY (Middle) (Last) McDANIEL
4. DATE OF DEATH (Month) 10 (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH 5/18/1912
9. AGE last birthday 38 yrs. If under 1 year Months 5 Days 13 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Model Basin (Navy)
11. BIRTHPLACE (State or foreign country) Laurence, S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John McDaniel
14. MOTHER'S MAIDEN NAME Lizzie Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1 month

002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1950, to 10/31, 1950, that I last saw the deceased alive on 10/31, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 10/31/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) removal DATE THEREOF 11/1/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/1/50 REGISTRAR'S SIGNATURE Mae Weiss

24. FUNERAL DIRECTOR Johnson & Jenkins ADDRESS 2053 Georgia ave, N.W. Washington, D.C.

98897

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 7 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10484

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 2 mo.s 15 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 106- 16'th St., S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) McFADDEN

4. DATE OF DEATH: (Month) OCT. (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-34

9. AGE last birthday: 16 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mullins, S. Carolina

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James McFadden

14. MOTHER'S MAIDEN NAME: Lula McNeill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 11 mo.

131

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 24, 1950, to OCT. 9, 1950, that I last saw the deceased alive on OCT. 9, 1950, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 10/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/13/50

NAME OF CEMETERY OR CREMATORY: Paynes

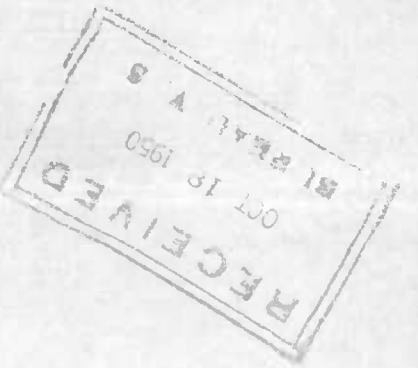
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 10/11/50

REGISTRAR'S SIGNATURE: Hal Weiss

24. FUNERAL DIRECTOR: John T. Rhines & Co. ADDRESS: 901 3rd St. S.W.

Robert L. Plummer, Mgr.


RECEIVED
OCT 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10485

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D.
STREET ADDRESS (If rural, give location) Baileysville

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) McGowan
4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		10-17-50	yrs.			3hr	30m

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clenard Cleveland McGowan	Dorothy Ann Tavenner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	none	Mrs. C.C. McGowan - Laurel, Md. Rt 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
761.5 Immediate cause	(a) Premature (2 5 weeks)	3 hours
160C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature Separation Placenta	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/16, 1950, to 10/17, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Warren	MD	Laurel	10/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 17, 1950	Guy Hill	Laurel	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 17-50	M. Brashears	Talbott Broadbent	Laurel Md

2-0-0-17-0-27-5-24-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10486

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Farms

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural give location) 728 See Boulevard. ✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Oswald (Last) McKay

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 27, 1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tree surgeon
10b. KIND OF BUSINESS OR INDUSTRY Arlington Cemetery
11. BIRTHPLACE (State or foreign country) West Point, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James McKay
14. MOTHER'S MAIDEN NAME Mary C. Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edw. Dunk - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md 10-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/2/1950
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 10/31/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Tasche sons
ADDRESS Hyattsville Md

11/1/50 Agnes M. Gieseling

V9481

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10487

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WASH. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D.C.
STREET ADDRESS (If rural, give location) 94A BATES ST. N W ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. MARY	E.	McKENNEY	OCT.	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W		MARCH 27, 1867	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
none		md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank King	Mary King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia & Pleural Effusion

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Bronchectasis, Ascites

(c) Hypertensive Coronary Arteriosclerotic Heart disease & Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-16, 1950, to 10-26, 1950, that I last saw the deceased alive on 10-25, 1950, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Hall (Ord.) Hyattsville Md. 10-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 30, 1950	Mt. Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 26	Amanda Downe	J.W. Chamberlain Co.	Riverdale Md.

50

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10489

Reg. Dist. No. 2-3-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 48
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warring	Joshua Severn	Mullikin	10	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	Sept 21, 1879	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Franklin Mullikin	Margaret Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Gladys Plenger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4427 Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	10-5-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Oct 3rd 1950	Christ Church Ame.	Clinton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 3rd 50	Howard I Beall	Simmons Bros	2107 Nicholson St. S.E.

Mrs. Alton Davis

RECEIVED
OCT 13 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10490

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmeadows md
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmeadows md
STREET ADDRESS (If rural, give location) 2019 Rittenhouse dr

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) W (Last) MURRAY

4. DATE OF DEATH (Month) Oct. 8 (Day) (Year) 1950 19

5. SEX Female | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Jan 21, 1913 | 9. AGE last birthday 37 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME EDWARD STALLKNECHT

14. MOTHER'S MAIDEN NAME ETHEL SIMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Orton Murray 2019 Rittenhouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: 10 mos.

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cystadenocarcinoma of Left

49a (c) Ovary with Multiple Metastases

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1950, to 10-8, 1950, that I last saw the deceased alive on 10-6, 1950, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE Robert Hunter (Degree or title) M.D ADDRESS 5600 N. Hamp ave. DATE SIGNED 10-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10/10/50 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) (State) Mount Rainier Md

DATE REC'D BY LOCAL REG. 10/9/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR The S. H. Hines Co | ADDRESS D.C.

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10491

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5070 Silver Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 5070 Silver Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) Louis (Last) Norton

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 7, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Norton

14. MOTHER'S MAIDEN NAME: Kate Mangum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 579-24-3582

17. INFORMANT AND ADDRESS: Son--Gilbert Norton 5030 Silver Hill Rd Suitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Decompensation	9 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3 years
	(c) Arteriosclerosis, Generalized	20 years

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1950, to Oct. 15, 1950, that I last saw the deceased alive on Oct. 15 50, and that death occurred at 7:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walcutt W. Gibson, M.D. ADDRESS 1503 Good Hope Rd. S.E. Washington 20, D.C. DATE SIGNED Oct. 15, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 10/18/50 NAME OF CEMETERY OR CREMATORY Wash. Nat. LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Oct. 16-50 REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE

20809

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10492

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 031

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chipley — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelmore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vincent	James	O'Brien	Oct.	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 25, 1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane operator	Engineering	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank O'Brien	Annie Condon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War I	213-12-1849	Mrs. Ernestine O'Brien - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cardiovascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam.	Cheverly-Hyattsville Md.	10-23-50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 25/1950	Arlington Nat	Arlington Va

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 24/50	Amanda Downey	J. Gasch Sons	Hyattsville Md

358V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10493

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradbury Hts — LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4716 - Shadyside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradbury Heights
STREET ADDRESS (If rural give location): 4716 Shadyside Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Helen	O'Connor	Oct	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	May 2. 1918	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	—	Montana	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leo Butler	Helen V. Lytle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WWII	?	Leo Butler & Undertaker certificate

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974X **Immediate cause** (a) Strangulation

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Bradbury Heights	Pr. Geo.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
10	16	50	P m.			Suicide by hanging.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Examiner	Hyattsville Md	10/16/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 23. 1950	Arlington National	Arlington	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/50	Amanda Downey Carrie F. Campbell	E. Locke sons	Hyattsville Md

VS. A15A

RECEIVED
OCT 2[illegible] 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10494

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) (Last) Parran

4. DATE OF DEATH (Month) Oct 6, (Day) 1950 (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1/25/1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Frank Parran
14. MOTHER'S MAIDEN NAME Swetie Bome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 9
17. INFORMANT AND ADDRESS Maude Parran. Prince Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X Immediate cause (a) Cancer of thrust — INTERVAL BETWEEN ONSET AND DEATH 18 mos

45P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1950, to 10-6, 1950, that I last saw the deceased alive on 10-2, 1950, and that death occurred at 9.40 A.m., from the causes and on the date stated above.

SIGNATURE Leonard Hugs (Degree or title) ADDRESS Hyattsville, Md DATE SIGNED 10-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/10/50
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Calvert Co (State) Md

DATE REC'D BY LOCAL REG. Oct. 6" 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1950
BUREAU V. S

Evidence for addition in #18 shown on: FILM NO. G 129 NOV. 15, 1950

10495

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md; LENGTH OF STAY (In this place) transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pennsylvania R.R. Tracks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS (If rural give location) 1214 S. 28th St.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) David (Last) Patterson

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 9 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 7, 1929

9. AGE last birthday: 21 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bronxville, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Paterson

14. MOTHER'S MAIDEN NAME: Charlotte P. O'Halloran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 087-22-7160

17. INFORMANT: Father & mother.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

802 X **Immediate cause** (a) Decapitation

169 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Struck by railroad train

Deceased was apparently hitching a ride on train 108 when he was sucked off or fell off when a fast passenger train passed by. (11-15-50 akc)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.R. Tracks (CITY OR TOWN) Cheverly Pr. Geo. (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-9-50 4:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by railroad train.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10/13/50

NAME OF CEMETERY OR CREMATORY: Arlington Cemetery

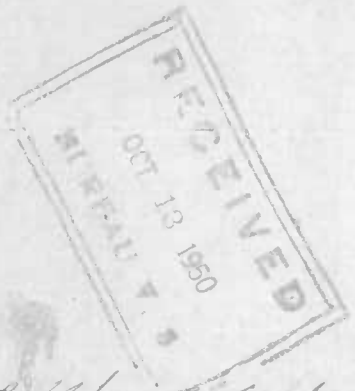
LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. 10/10/50

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: T. Bosche Sons

ADDRESS: Hyattsville Md


RECEIVED
OCT 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10496

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Capitol Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Capitol Heights (If outside city or town limits, write RURAL and give nearest town)

Street No. 216 - 61 Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Marie M. Poore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Oscar T.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 6, 1886

8. AGE: Years: 64 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: House - wife

11. Industry or business

FATHER
12. Name: ? Almindinger
13. Birthplace: ?

MOTHER
14. Maiden name: ? Cordupski
15. Birthplace: ?

16. Informant: Oscar T. Poore

Address: 216-61st Ave Capitol Hgts Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Cedar Hill Oct 28/50

Location: Smithland, Maryland

18. Funeral director: Robert A. Mattingly

Address: 131-11th St S.E. Wash D.C.

19. Oct. 26 1950 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25 1950 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 8 1950, to October 25 1950, and that I last saw her alive on October 25 1950

Immediate cause of death: Arteriosclerotic Coronary Heart Disease

Due to: 420.1

Due to:

Other conditions: 93d (Include pregnancy within 3 months of death)

DURATION: ?

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William Brannin M. D. o[illegible]

Address: Capitol Heights Md Date signed: 10/25/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 30 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10497

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3806 - 40th. Place.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cottage City.
STREET ADDRESS (If rural, give location) 3806 - 40th Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bessie	M.	Quinlan	10 -	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widowed	May 7, 1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife.	in own home	Piedmont, W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Gilmore	Katherine Kern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Wm. L. Miller,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442X	Immediate cause	(a) Arteriosclerotic Hypertensive Heart & Kidney disease	2 yrs.
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	8 mos
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 19 45, to Oct 14, 1950, that I last saw the deceased alive on 10 - 14, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J. Hagerage		3711 38th Ave Cottage City	10-14-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-17-50	Arlington National Cemetery	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-16-50	Amanda Downey	Talley's Funeral Home	3200 R. I. Ave. — Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10498

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 730-57th Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) RADTKE (Last)

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEP

8. DATE OF BIRTH: 7-28-1895

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County Road Inspector

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Radtke

14. MOTHER'S MAIDEN NAME: Wilhelmina Zinke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W-W-I

16. SOCIAL SECURITY NO.: 577-30-3892

17. INFORMANT: F. W. Knudsen - Brother-in-Law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) CARCINOMA OF LUNG — 2 months

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of lung.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1949, to October 7, 1950, that I last saw the deceased alive on October 7, 1950, and that death occurred at 9:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest E. Cornelsen M.D. 4400 Bowen Rd SE Wash DC Oct 7 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 10, 1950

NAME OF CEMETERY OR CREMATORY: Eglon Church Cemetery

LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: Oct. 8, 1950

REGISTRAR'S SIGNATURE: Carrie L. Campbell.

24. FUNERAL DIRECTOR: J. W. McLee's Sons Co.

ADDRESS: 300-4th N.E. Washington, D.C.

11098

RECEIVED
OCT 13 1950
BUREAU P. S.

10499

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Princes Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bestsville
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yates Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Princes Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bestsville
STREET ADDRESS (If rural, give location) YATES Road

3. NAME OF DECEASED (Type or Print) (First) James (Middle) ORTON (Last) RAUCH

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Oct 14-1877
9. AGE last birthday 73 yrs. If under Months. 1 year Dnys If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MARINE ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (State or foreign country) MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Rauch
14. MOTHER'S MAIDEN NAME Anna Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT CLAIRE J. Carpenter Yates Rd. Bestville MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis, acute — INTERVAL BETWEEN ONSET AND DEATH 4 days

431X Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1950, to Oct 24, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert S McCinney M.D. 402 Main St Laurel Md 10/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE Oct 27/50
NAME OF CEMETERY OR CREMATORY WASH NATL CEM
LOCATION (City, town, or county) SUITLAND (State) MD

DATE REC'D BY LOCAL REG. Oct 24-1950
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale MD

V22 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 26 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

10500

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RADIANT VALLEY
LENGTH OF STAY (in this place): 72 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6813 RANDOLPH STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. — COUNTY: PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RADIANT VALLEY (HYATTSVILLE, P.O.)
STREET ADDRESS (If rural, give location): 6813 — RANDOLPH STREET

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) NATHAN (Last) RHODES

4. DATE OF DEATH: (Month) OCT. (Day) 25 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 11/12/1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days / Hours / Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: COAL INDUSTRY

11. BIRTHPLACE (State or foreign country): WEST VA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN RHODES

14. MOTHER'S MAIDEN NAME: JANE (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 235-05-0904

17. INFORMANT AND ADDRESS: DOROTHY MURRAY - 6813 RANDOLPH ST. RADIANT VALLEY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	10-25-50
420.1 Antecedent cause(s)	(b) Coronary Sclerosis	3 years
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteria-Sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31/49, to 10/24/50, that I last saw the deceased alive on 10/24/50, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert S Roth M.D. — ADDRESS: 5507 Madison St Riverdale Md — DATE SIGNED: 10/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: OCT. 28/1950 — NAME OF CEMETERY OR CREMATORY: FORT LINCOLN CEMETERY — LOCATION (City, town, or county) (State): COLMAR MANOR, MD.

DATE REC'D BY LOCAL REG.: 10/26/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO. - RIVERDALE MD

451 12

RECEIVED
OCT 30 1950
BUREAU V. S

10501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges County, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, (Rural) — LENGTH OF STAY (in this place) 9 mo., 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Tuberculosis Sanatorium	STREET ADDRESS (If rural, give location) 1233 25th Street NW ✓

3. NAME OF DECEASED (Type or Print)	(First) HELEN	(Middle) T	(Last) ROBINSON	4. DATE OF DEATH	(Month) 10 (Day) 24 (Year) 1950
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/28/1907	9. AGE last birthday 42 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) District of Columbia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Thomas	14. MOTHER'S MAIDEN NAME Ida Sewell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. 577-28-2229	17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	2yrs 1 mo
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetis mellitus	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20, 1950, to 10/24, 1950, that I last saw the deceased alive on 10/24, 1950, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Md.	10/24/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) ✓	DATE THEREOF 10/25/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REG. 10/25/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Jenifer's Funeral Home	ADDRESS 1141-22nd N.W.

260+

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1950
BUREAU F. S

10502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 15 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home	STREET ADDRESS (If rural give location) 417 East Clifton Terrace 13th Clifton Sts

3. NAME OF DECEASED (Type or Print)	(First) Albert	(Middle) Nevett	(Last) Rust	4. DATE OF DEATH	(Month) 10	(Day) 26	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 1885	9. AGE last birthday 65 yrs.	If under 1 year Months 7	Days ?	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Alexandria Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Mandley Triplett Rust		14. MOTHER'S MAIDEN NAME Mary Estelle Nevett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Estelle Swope - Friend	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Oct 26, 1950, that I last saw the deceased alive on Oct 25, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald	MD	802 Malcolm Dr. S.S. Md	10/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct 30-1950	NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	LOCATION (City, town, or county) Washington D.C.	(State)
DATE REC'D BY LOCAL REG. 10/26/50. 10/30/50	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR The S. H. Hines Co	ADDRESS 2901 14th st N.W Wash - D.C.	

10247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU V. R

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10503

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural give location) 4200 Edmonston Rd.

3. NAME OF DECEASED (Type or Print) (First) Alpheus (Middle) Dorsey (Last) Souder
4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 12, 1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY County Police Station
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Souder
14. MOTHER'S MAIDEN NAME Fannie May Sease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Grace Ellen Souder - Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

331 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis

83a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Hyattsville Md DATE SIGNED 10-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 28, 1950
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. Oct 26, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gesche Sons Hyattsville Md ADDRESS

60298

RECEIVED
OCT 27 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10504

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 4 yrs. 3 mo., 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1440- Clifton St., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OFELIA	C.	SATORRA	OCT.	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	6-12-83	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Spain	?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dr. N. Caballero	Julia Collazoc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	(Daughter) Mrs. Margarita de Adkins 1926- M.St., N.W. Apt. 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause (a) Pulmonary Tuberculosis	4 yr. 9 mo.
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 15, 1946, to OCT. 8, 1950, that I last saw the deceased alive on OCT. 8, 1950, and that death occurred at 8 50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Fincare	M.D.	Glenn Dale Sanatorium, Glenn Dale, Md.	10/8/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
	10/8/50	—	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/9/50	Mae Weiss	Francis J. Collins	3821 - 14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10505

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georgio. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 3½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georgio General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 4720 Riverdale Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	S	Sherwick	Oct	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	8-10-49	1 yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Washington D.C.	U.S.A.

13. FATHER'S NAME Stephen Joseph Sherwick
14. MOTHER'S MAIDEN NAME Helen Justice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
491X Immediate cause	(a) Dopemia	
107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Confluint broncho-pneumonia	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D. Dep. Med. Exam	Cheverly-Hyattsville	10-16-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	16 Oct	Newport News Va	Newport News Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/16/50	Amanda Downey	J. Sarchi's Sons	Hyattsville Va

VS. A15A

RECEIVED
OCT 18 1950

10506

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carrol Hills
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1611 - 52nd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corral Hills
STREET ADDRESS (If rural give location) 1611-52nd Ave

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Sophia (Last) Shipley

4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH April 21, 1867

9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William H. Cheeseman

14. MOTHER'S MAIDEN NAME Sophia Shulkmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT William M Shipley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, occident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 10-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 24 Oct. 1950

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct. 23-50

REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR James T. Ryan Inc. ADDRESS 317 Pa. Ave., S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10507

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4000 73rd Ave
STREET ADDRESS (If rural give location) Sandover Hills

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Elaine (Last) Shupp
4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 29 1950
9. AGE last birthday 2 1/2 mos. If under 1 year Months mos Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Paul Stuart Shupp
14. MOTHER'S MAIDEN NAME Elizabeth Louise Flowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Elizabeth L. Shupp Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

773.0 Immediate cause (a) Acute congestive heart failure

158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 10-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-14-50
NAME OF CEMETERY OR CREMATORY Forrestville Cem.
LOCATION (City, town, or county) (State) Forrestville, Md
DATE REC'D BY LOCAL REG. 10-12-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 - 11th St S.E. Wash. DC

9V7-20-0-99V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10508

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Open Hill — LENGTH OF STAY (In this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6155 St Barnabas Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Open Hill
STREET ADDRESS (If rural give location) 6155 St Barnabas Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Anne	Simms	10	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	Aug 5 1950		2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sidney Proctor	Mary Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mary Simms

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
924.0 Immediate cause (a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Overlaying of mother 182	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN) Open Hill	(COUNTY) P.G.	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
10	10	50	A.m.			Overlaying of mother

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	10-10-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	10-13-50	St. Paul Methodist	Open Hill, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/50	Mrs. Alton Davis	John T. Rhines Co.	901-3rd St S.W. Washington, D.C.

VS. A15A

9V8050-99199V

RECEIVED
OCT 25 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10509

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — LENGTH OF STAY (in this place) 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3608 Upshur Street	STREET ADDRESS (If rural, give location) 3608 Upshur Street

3. NAME OF DECEASED (Type or Print)	(First) HUNTER	(Middle) LAWSON	(Last) SIPES	4. DATE OF DEATH	(Month) October (Day) 8th, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 6th, 1860	9. AGE last birthday 90 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner (Retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Penna.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jonathan Sipes	14. MOTHER'S MAIDEN NAME Rebecca Daniels				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Cecil G. Sipes, 3608 Upshur St. Brentwood, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Heart Disease — 3 + yrs.

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Senility — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1947, to 10-8, 1950, that I last saw the deceased alive on 10-8, 1950, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Moyer	M.D.	Mt. Rainier Md	10-9-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE OCT. 14/1950	NAME OF CEMETERY ~~OR CREMATORY~~ DAVIS CEMETERY	LOCATION (City, town, or county) (State) DAVIS, W. VA.
DATE REC'D BY LOCAL REG. Oct 9 1950	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR W.W. Chambers Company, Riverdale, Md.	ADDRESS

454V2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

105234

Reg. Dist. No. 105

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	THOMAS		SOWELL		10	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W		Feb 14 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk in General	Mer. Store	Prince Co Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Uriah Alexander Sowell	Augusta Milbrun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Augusta Milbrun

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia — Half hour

334X Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 5, 1950, to Oct 5, 1950 that I last saw the deceased alive on Oct 5, 1950 and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin L Sams	MDCM	Waldorf Md	10/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 8-50	Fleet Lick	Hopkinsville	Ky

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-5-50	M.L. Mowell	Smith & Lyon	Waldorf Md

Mrs. Alton Davis

278 19

RECEIVED
OCT 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10511

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7204 Hartmouth ave

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) FRANCES (Last) St. George

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1950

5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH: July 20, 1873 — 9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days / Hours / Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: own home — 11. BIRTHPLACE (State or foreign country): Lynn Mass — 12. CITIZEN OF WHAT COUNTRY? a

13. FATHER'S NAME: Charles Cash — 14. MOTHER'S MAIDEN NAME: Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: John St George College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 6 wk

Antecedent cause(s) — 443X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 93d

(b) Arteriosclerotic Cerebral Vascular Disease —

(c) Hypertensive Cardio-Vascular disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 48 to Oct 50, that I last saw the deceased alive on 10/18/50, and that death occurred at 800 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C.L. Elsmore, M.D. — College Park, Md — 10/19/50

23. BURIAL, CREMATION, REMOVAL (Specify) transportation — DATE Oct 19, 1950 — NAME OF CEMETERY OR CREMATORY Lynn — LOCATION (City, town, or county) Massachusetts (State)

DATE REC'D BY LOCAL REG. Oct 19 1950 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR — ADDRESS
F Boscheove — Hyattsville Md

RECEIVED
OCT 23 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10512

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 10 mo., 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1708- 15'th St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/27/20

9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid in Hotel

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Tocca, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bamsett

14. MOTHER'S MAIDEN NAME: Tecora Goodine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: didn't have

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0024 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 13 months

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1949, to 10/3, 1950, that I last saw the deceased alive on 10/3, 1950, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D.

ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED 10/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF 10/5/50

NAME OF CEMETERY OR CREMATORY D.C. morgue

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 10/5/50

REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR Daniel Leo Finucane

ADDRESS Glenn Dale San. Glenn Dale, Md.

52087

VS. A15

RECEIVED
OCT 13 1950
BUREAU V. S

10513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1207 Rhode Island Ave., N. W. ✓

3. NAME OF DECEASED (Type or Print) (First) HERBERT (Middle) (Last) THOMAS

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/20/1904
9. AGE last birthday 46 yrs. — If under 1 year: Months - Days - — If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair Employee
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Thomas
14. MOTHER'S MAIDEN NAME Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 578-03-9809
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis, Far Advanced — 1 year

002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1950, to 10/13, 1950, that I last saw the deceased alive on 10/13, 1950, and that death occurred at 5-35 p m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinucane M.D. (Degree or title) — ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. — DATE SIGNED 10/13/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 10-14-50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 10/15/50 — REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR Malvan + Scheg, Inc., ADDRESS 424 R St., N.W. Washington, D.C.

35489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU V. S.

10514

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6601-Westmoreland Ave

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) W. (Last) Thomas

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/4/1880
9. AGE last birthday 70 yrs. If under 1 year Months 6 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Sleight Ink Co.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis Thomas
14. MOTHER'S MAIDEN NAME Elizabeth Wingfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-03-4239 A
17. INFORMANT AND ADDRESS Julian Keis, 4541-46th St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary atherosclerosis	1947
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	3-16-48
	(c) Ventricular fibrillation	10-3-50

420.1
95a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1950, to 10-3, 1950 that I last saw the deceased alive on 9-15, 1950, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin Manchester MD 3200-16 St., NW.

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 10/3/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem
LOCATION (City, town, or county) Pr Georges Co (State) Md

DATE REC'D BY LOCAL REG. 10/3/50
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Phil. H. Hines Co. ADDRESS 2901-14th St. N.W.

27817

RECEIVED
OCT 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10515

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7212 Prescott Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7316 Flower Avenue

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) VIRGINIA (Last) VEITCH

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 12, 1891

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Collesville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Peter

14. MOTHER'S MAIDEN NAME: Barbara Wischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Robert Lee Veitch, 509 Main St. Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cerebral Hemorrhage	2 minutes
Antecedent cause(s)		
420.0		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria - sclerosis	8 yrs
932	(c) Arteria - sclerosis Heart disease	8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1943, to Oct 29, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Francis V. Reinhardt 7717 Alaska Ave N.W. Wash. 12 D.C. 10/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE Oct. 31, 1950

NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery

LOCATION (City, town, or county) (State): Forest Glen, Montg Co, Md.

DATE REC'D BY LOCAL REG.: Oct 29, 1950

REGISTRAR'S SIGNATURE: James Dewey

24. FUNERAL DIRECTOR: J. Arthur Walters

ADDRESS: 254 Carroll St. N.W. DC

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10516

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Webster	Wallace	10	24	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	10/23/50			5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah Wallace	Virginia Lee Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Jeremiah Wallace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra cranial hemorrhage	
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1600	(b) Birth injury	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James F. Boyd	M. D.	Forestville, Md.	10/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/25/50	St. Philip's Cem.	Aquasco, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 25 1950	Robert Smith	Hunter & Myers	Waldorf Md

4-0-0-23-0-28-6-40-5

RECEIVED
OCT 28 1960
BUREAU U.S.

10517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; LENGTH OF STAY (in this place): 14 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6905 - Prince George Ave.	STREET ADDRESS (If rural give location): 6905 - Prince George Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZABETH		WATSON	10	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	widowed	Dec. 1865	85 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	in own home	Washington, D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Groener	~~Unknown~~ Kate Eckert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Mrs John Olinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	36 hours.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary insufficiency	5 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Oct 10, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richard T Khan MD	1324 - Michigan Ave NE Wash. 17 DC	10-11-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/14/50	Prospect Hill Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 13 1950	James Leech	Nalley's Funeral Home, Inc.	3200 - Rhode Island Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10518

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 mo., 19 da's
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 231- Mass., Ave., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) — (Last) WILLIAMS

4. DATE OF DEATH: (Month) Oct. (Day) 5E (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 10-15-89

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, Agric., Dept, Fed.

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): W.Moreland Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Williams

14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-44-4768

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: one year

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

13b (c) Pulmonary Tuberculosis — 5 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16-, 1950, to 10-5-, 1950, that I last saw the deceased alive on 10-5-, 1950, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane — (Degree or title) M.D., — ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED 10/5/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 10/12/50 — NAME OF CEMETERY OR CREMATORY Rainis Cemetery — LOCATION (City, town, or county) Washington — (State) D.C.

DATE REC'D BY LOCAL REG. 10/9/50 — REGISTRAR'S SIGNATURE Noel Weiss — 24. FUNERAL DIRECTOR J J Stewart — ADDRESS 30 H NE

98897

RECEIVED
OCT 13 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10519

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 mo., & 22 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 951 Golden St., S. W. ✓

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) WILLIAMS
4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/29/1916
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken cleaner
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Orangeburg, S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Williams
14. MOTHER'S MAIDEN NAME Maggie Pillie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 578-16-5048
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	11 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30/, 1950, to 10/21/, 1950, that I last saw the deceased alive on 10/21/, 1950, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 10/21/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 10/22/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 10/23/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614 4" St. S.W.

86699

RECEIVED
OCT 27 1950
BUREAU Y. S

10520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park — LENGTH OF STAY (In this place): 9 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 4406 Colesville Road

3. NAME OF DECEASED (Type or Print)	(First) Carl	(Middle) Clark	(Last) Woodworth	4. DATE OF DEATH	(Month) Oct (Day) 21, (Year) 1950-19
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 11/14/1863	9. AGE last birthday: 86 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftman Retired	10b. KIND OF BUSINESS OR INDUSTRY: Republic steel works	11. BIRTHPLACE (State or foreign country): Youngstown Ohio	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: L D. Woodworth	14. MOTHER'S MAIDEN NAME: Mary Clark				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs Virginia Conley University Park Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cancer Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-10, 1948, to 10-21, 1950, that I last saw the deceased alive on 10-18, 1950, and that death occurred at 9:4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		Hyattsville Md	10-21-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transportation	10/21/50	Youngstown Ohio	Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 21, 1950	James Sevay	F. Gasch's Sons Hyattsville Md.	

V6229

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 24 1950